PTO/SB/50 (06-03)

REISSUE PATENT APPLICATION TRANSMITTAL

16519 U.S. PTO
100903

Address to:		
Mail Stop Reissu Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	*Attorney Docket No.*	021751-003000US
	First Named Inventor	Apodaca, Anthony A.
	Original Patent Number	6,300,956
	Original Patent Issue Date (Month/Day/Year)	October 9, 2001
	Express Mail Label No.	EV 322213323 US

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APPLICATION FOR REISSUE OF: *(check applicable box)* ☒ Utility Patent ☐ Design Patent ☐ Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. ☐ Fee Transmittal Form *(PTO/SB/56)*
   (Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent format *(amended, if appropriate)*
4. ☒ Drawing(s) *(proposed amendments, if appropriate)*
5. ☒ Reissue Oath/Declaration (unsigned) (37 C.F.R. 1.175)*(PTO/SB/51 or 52)*
6. ☐ Power of Attorney
7. ☒ Original U.S. Patent currently assigned? ☒ Yes ☐ No
   (If Yes, check applicable box(es))
   ☒ Written Consent of all Assignees *(PTO/SB/53)* (unsigned)
   ☒ 37 C.F.R. 3.73(b) Statement (unsigned) (PTO/SB/96)
8. ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table
9. ☐ Nucleotide and/or Amino Acid Sequence Submission *(if applicable, all of the following are necessary)*
   a. ☐ Computer Readable Form (CFR)
   b. Specification Sequence Listing on:
      i ☐ CD-ROM (2 copies) or CD-R (2 copies); **or**
      ii ☐ paper
   c. ☐ Statements verifying identify of above copies

ACCOMPANYING APPLICATION PARTS

10. ☐ Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).
11. ☐ Original Patent Grant
    ☐ Ribboned Original Patent Grant
    ☐ Statement of Loss (PTO/SB/55)
12. ☐ Foreign Priority Claim *(35 U.S.C. 119)* *(if applicable)*
13. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
14. ☐ English Translation of Reissue Oath/Declaration *(if applicable)*
15. ☒ Preliminary Amendment
16. ☐ Return Receipt Postcard *(MPEP 503)* *(Should be specifically itemized)*
17. Other:_____

18. CORRESPONDENCE ADDRESS

☒ *Customer Number* **20350** *OR* ☐ *Correspondence address below*

Name					
Address					
City		State		Zip Code	
Country		Telephone		Fax	

NAME (Print/Type)	Stephen Y. Pang	Registration No. *(Attorney/Agent)*	38,575

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